### Edgar Filing: HEALTHSOUTH CORP - Form 4

HEALTHSOU	JTH CORP									
Form 4	~ ~ ~									
February 26, 2										PPROVAL
FORM	4 UNITE	D STATES		TIES AN ington, D			GE CO	OMMISSION	OMB Number:	3235-0287
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	Filed	oursuant to 7(a) of the	F CHANG Section 16(	ES IN BI SECURIT (a) of the s ity Holdin	ENEFIC FIES Securitie ng Comp	CIAL es Exc pany 4	change Act of 1	ERSHIP OF Act of 1934, 1935 or Section	Expires: Estimated a burden hou response	rs per
(Print or Type Re	sponses)									
1. Name and Add Whittington J		ng Person <u>*</u>	2. Issuer N Symbol HEALTH	Name and T		c	Ι	5. Relationship of I ssuer	Reporting Pers	
(Last) 2716 WATKI	(First) INS GLEN D	(Middle)	3. Date of E (Month/Day 02/24/201	/Year)	saction			Director _X Officer (give below)	10%	Owner er (specify
	(Street)		4. If Amend Filed(Month		Original		A	5. Individual or Joi Applicable Line) _X_ Form filed by O		
BIRMINGHA	AM, AL 3521	16					Ī	Form filed by More Person	ore than One Re	porting
(City)	(State)	(Zip)	Table	l - Non-Der	vivative Se	ecuriti	es Acqui	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/	Year) Execu any	Deemed htion Date, if th/Day/Year)	3. Transactic Code (Instr. 8) Code V	(Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Healthsouth Common	02/24/2015	i		F	1,245 (1)	D	\$ 45.36	205,852	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### Edgar Filing: HEALTHSOUTH CORP - Form 4

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Whittington John P 2716 WATKINS GLEN DRIVE BIRMINGHAM, AL 35216			EVP, Gen. Counsel & Secretary					

# Signatures

/s/ John P.	
Whittington	02/26/2015

<u>\*\*</u>Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares were withheld or surrendered to pay the insider's tax withholding obligations incurred in connection with the vesting of the related restricted stock.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.